



Rethink **Your Drink** Movie Night!



Saturday, **June 8 • 5 pm**

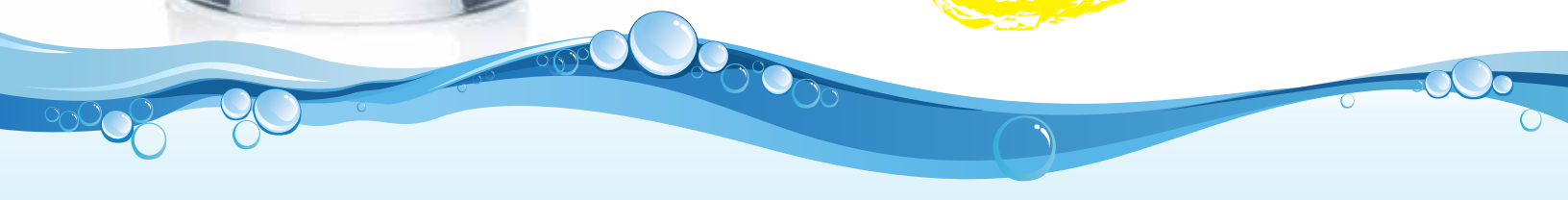
Loma Verde Family Aquatic Center

1420 Loma Lane, Chula Vista • (619) 409-1987



Soda is the top source of sugar in the American diet. Join the Rethink Your Drink Campaign and complete a 2-week no soda challenge. **You'll get FREE admission into movie night, plus a chance to win a body board, Jamba Juice gift card, and more!**

Quench your thirst
without **the sugar.**





Soda Free Challenge

Thank you for participating in our soda free challenge. Water is the best option, but juice and milk are acceptable during the soda free challenge. When you complete the challenge return this form to the Loma Verde Family Aquatic Center to collect your free ticket to movie night at the pool on June 8th 5 pm.

1420 Loma Lane

Chula Vista, CA 91911

Call Elizabeth Kovar, Aquatic Supervisor for more information (619) 409-1986

Name: _____ Age: _____ Phone: _____

Do you drink soda? ☐ Yes ☐ No

How many sodas do you drink per week (12 oz cans)? Remember that a big gulp is 42 oz.

☐ less than 2

☐ 3 to 5

☐ 6 to 8

☐ 9 +

Week 1: Please write the date that you started the challenge: _____

Mon	Tue	Wed	Thur	Fri	Sat	Sun
I drank soda <input type="checkbox"/> Yes <input type="checkbox"/> No	I drank soda <input type="checkbox"/> Yes <input type="checkbox"/> No	I drank soda <input type="checkbox"/> Yes <input type="checkbox"/> No	I drank soda <input type="checkbox"/> Yes <input type="checkbox"/> No	I drank soda <input type="checkbox"/> Yes <input type="checkbox"/> No	I drank soda <input type="checkbox"/> Yes <input type="checkbox"/> No	I drank soda <input type="checkbox"/> Yes <input type="checkbox"/> No
Servings of fruits/veggies <input type="text"/>	Servings of fruits/veggies <input type="text"/>	Servings of fruits/veggies <input type="text"/>	Servings of fruits/veggies <input type="text"/>	Servings of fruits/veggies <input type="text"/>	Servings of fruits/veggies <input type="text"/>	Servings of fruits/veggies <input type="text"/>

Week 2: Please write the date that you ended the challenge: _____

Mon	Tue	Wed	Thur	Fri	Sat	Sun
I drank soda <input type="checkbox"/> Yes <input type="checkbox"/> No	I drank soda <input type="checkbox"/> Yes <input type="checkbox"/> No	I drank soda <input type="checkbox"/> Yes <input type="checkbox"/> No	I drank soda <input type="checkbox"/> Yes <input type="checkbox"/> No	I drank soda <input type="checkbox"/> Yes <input type="checkbox"/> No	I drank soda <input type="checkbox"/> Yes <input type="checkbox"/> No	I drank soda <input type="checkbox"/> Yes <input type="checkbox"/> No
Servings of fruits/veggies <input type="text"/>	Servings of fruits/veggies <input type="text"/>	Servings of fruits/veggies <input type="text"/>	Servings of fruits/veggies <input type="text"/>	Servings of fruits/veggies <input type="text"/>	Servings of fruits/veggies <input type="text"/>	Servings of fruits/veggies <input type="text"/>

I tried my best not to drink soda for the 2 weeks. We (child and parent) certify that all the information that has been provided is true.

Child Signature: _____

Parent Signature: _____